

IF 2157


<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application No.	09/815,497
	Filing Date	March 22, 2001
	First Named Inventor	Garry C. Binder
	Art Unit	2157
	Examiner Name	Hussein A. El Chanti
Total Number of Pages in This Submission	Attorney Docket Number	42390P11284

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">-Return postcard -Check for \$820.00</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Patrick D. Boyd, Reg. No. 54,671 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	December 12, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Katherine Jennings		
Signature		Date	December 12, 2005

*Patent fees are subject to annual revision.*



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☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT	(\$)	820.00
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☒ Check   ☐ Credit card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

## 1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid							
Total Claims	<table border="1"><tr><td>34</td></tr></table>	34	$\div 20^*$	<table border="1"><tr><td>14</td></tr></table>	14	$\times$	<table border="1"><tr><td>50.00</td></tr></table>	50.00	$=$	<table border="1"><tr><td>\$700.00</td></tr></table>	\$700.00
34											
14											
50.00											
\$700.00											
Independent Claims	<table border="1"><tr><td>4</td></tr></table>	4	$\div 4^*$	<table border="1"><tr><td>0</td></tr></table>	0	$\times$	<table border="1"><tr><td>200.00</td></tr></table>	200.00	$=$	<table border="1"><tr><td>\$0.00</td></tr></table>	\$0.00
4											
0											
200.00											
\$0.00											
Multiple Dependent						$=$					

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

*\*\*or number previously paid, if greater, For Reissues, see below*

SUBTOTAL (1)	(\$)	700.00
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Large Entity	Small Entity
<p>1. <b>Identify the asset</b></p> <p>2. <b>Identify the liability</b></p> <p>3. <b>Identify the equity</b></p> <p>4. <b>Identify the income</b></p> <p>5. <b>Identify the expense</b></p> <p>6. <b>Identify the loss</b></p> <p>7. <b>Identify the gain</b></p> <p>8. <b>Identify the dividend</b></p> <p>9. <b>Identify the interest</b></p> <p>10. <b>Identify the depreciation</b></p> <p>11. <b>Identify the amortization</b></p> <p>12. <b>Identify the depletion</b></p> <p>13. <b>Identify the impairment</b></p> <p>14. <b>Identify the revaluation</b></p> <p>15. <b>Identify the consolidation</b></p> <p>16. <b>Identify the merger</b></p> <p>17. <b>Identify the acquisition</b></p> <p>18. <b>Identify the divestiture</b></p> <p>19. <b>Identify the liquidation</b></p> <p>20. <b>Identify the bankruptcy</b></p>	<p>1. <b>Identify the asset</b></p> <p>2. <b>Identify the liability</b></p> <p>3. <b>Identify the equity</b></p> <p>4. <b>Identify the income</b></p> <p>5. <b>Identify the expense</b></p> <p>6. <b>Identify the loss</b></p> <p>7. <b>Identify the gain</b></p> <p>8. <b>Identify the dividend</b></p> <p>9. <b>Identify the interest</b></p> <p>10. <b>Identify the depreciation</b></p> <p>11. <b>Identify the amortization</b></p> <p>12. <b>Identify the depletion</b></p> <p>13. <b>Identify the impairment</b></p> <p>14. <b>Identify the revaluation</b></p> <p>15. <b>Identify the consolidation</b></p> <p>16. <b>Identify the merger</b></p> <p>17. <b>Identify the acquisition</b></p> <p>18. <b>Identify the divestiture</b></p> <p>19. <b>Identify the liquidation</b></p> <p>20. <b>Identify the bankruptcy</b></p>

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

**Free Paid**

(\$)	120.00
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Complete (if applicable)

Name (Print/Type)	Patrick D. Boyd	Registration No. (Attorney/Agent)	54,671	Telephone	(503) 439-8778
Signature				Date	12/12/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (vfr) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450